

PLAINTIFF  
(LAST NAME)

Norfolk Financial Corp.

VS. DEFENDANT  
(LAST NAME)

LINDA M FLINT

NAME AND ADDRESS OF COURT

BOSTON MUNICIPAL COURT

90 Devonshire Street, Rm. 1120

BOSTON, MA 02109

DATE OF CLAIM

11-24-03

DATE CERTIFIED AND  
FIRST CLASS TRIAL  
NOTICE SENT

11-26-03

RETURN DATE

1-8-04

FEES PAID

40.00

Norfolk Financial Corp.

1208 VFW Parkway, Suite 201  
Boston, MA 02132LINDA M FLINT  
18 MOUNT EVERETT ST # 1  
BOSTON MA 021252436P  
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PLAINTIFF'S ATTORNEY

David W. Goldstein, Esq.

DEFENDANT'S ATTORNEY

DATE	PROCEEDINGS	DATE	PROCEEDINGS
	CERTIFIED TRIAL NOTICE RETURNED <input checked="" type="checkbox"/> DELIVERED <input type="checkbox"/> UNDELIVERED		NOTICE OF JUDGMENT MAILED TO PARTIES
	FIRST CLASS TRIAL NOTICE RETURNED UNDELIVERED		DEFENDANT APPEALED
	OFFICER SERVICE ISSUED RETURNABLE ON:		NOTICE TO SHOW CAUSE ISSUED RETURNABLE ON:
	OFFICER SERVICE RETURNED <input type="checkbox"/> SERVED <input type="checkbox"/> UNSERVED		NOTICE TO SHOW CAUSE RETURNED <input type="checkbox"/> SERVED <input type="checkbox"/> UNSERVED
	ANSWER FILED		CAPIAS ISSUED
	COUNTERCLAIM FILED		
1/8/04	HEARING DATE <i>B/P agreement</i>		
	<i>Filed \$1,080.99 on or before 3/1/04</i>		
	<i>to settle in full.</i>		
	JUDGMENT ENTERED		
	DEFENDANT DEFAULTED; JUDGMENT ENTERED		
	PLAINTIFF FAILED TO APPEAR; CASE DISMISSED	1/30/04	EXECUTION ISSUED
	30 DAY PAYMENT ORDER ENTERED		JUDGMENT SATISFIED

## ORDER FOR JUDGEMENT AND PAYMENT

JUDGMENT FOR ☐ PLAINTIFF ☐ DEFENDANT☐ BY DEFAULT ☐ AFTER HEARING ☐ BY AGREEMENTFOR \$ 1,664.70 DAMAGES\$ 40.00 COSTS\$ 1,704.70 JUDGMENT TOTALPAYMENT ORDERED AS FOLLOWS: *B/P agreement of \$1,080.99**to settle by 3/1/04.*

JUDGE: \_\_\_\_\_

ASST. CLERK: \_\_\_\_\_

*Exon Issued 1/30/04*  
*ON original Judgment*  
*of \$1,664.70 +*  
*40.00 Court Costs.*

# AND NOTICE OF TRIAL

use only

03807531

Document 4-2

Filed 11/23/2004

Page 2 of 4

Small Claims Session



PART 1	<input type="checkbox"/> BOSTON MUNICIPAL COURT	<input type="checkbox"/> DISTRICT COURT BOSTON MUNICIPAL COURT	<input type="checkbox"/> HOUSING COURT
	Division _____		Division _____
PART 2	PLAINTIFF'S NAME, ADDRESS, ZIP CODE AND PHONE <b>NORFOLK FINANCIAL CORP.,</b> <b>ASSIGNEE OF PROVIDIAN</b> <b>1208 VFW Parkway, #201</b> <b>West Roxbury, MA 02132</b> PHONE NO: <b>617-323-1533</b>		
	PLAINTIFF'S ATTORNEY (if any) Name: <b>Daniel W. Goldstone, Esq.</b> Address: <b>BBO #551753</b> <b>[File #03009352]</b>		
PART 3	DEFENDANT'S NAME, ADDRESS, ZIP CODE AND PHONE <b>LINDA M FLINT</b> <b>18 MOUNT EVERETT ST # 1</b> <b>BOSTON MA 021252436</b> <b>617/436-1215</b> PHONE NO: _____		
	ADDITIONAL DEFENDANT (if any) Name: _____ Address: _____ PHONE NO: _____		
PART 4	<b>PLAINTIFF'S CLAIM.</b> The defendant owes \$ <b>\$1,664.70</b> plus \$ <b>40.00</b> court costs for the following reasons: Give the date of the event that is the basis of your claim.  <b>The defendant(s) (ss#031-56-2086) named hereinabove is/are indebted to the plaintiff on account of moneys lent/credit extended for the purchase of goods and/or services in connection with former PROVIDIAN account #5542852000570646. The amount owed may include interest, costs and fees (all as provided for in the subject credit agreement) since October 17, 2000.</b>  <b>The plaintiff agrees to forego assessment of damages by waiving pre-trial attorneys' fees.</b>  SIGNATURE OF PLAINTIFF X		
PART 5	<b>MEDIATION:</b> Mediation of this claim may be available prior to trial if both parties agree to discuss the matter with a mediator, who will assist the parties in trying to resolve the dispute on mutually agreed to terms. The plaintiff must notify the court if he or she desires mediation; the defendant may consent to mediation on the trial date. <input type="checkbox"/> The plaintiff is willing to attempt to settle this claim through court mediation.		
PART 6	<b>MILITARY AFFIDAVIT:</b> The plaintiff states under the pains and penalties of perjury that the: <input checked="" type="checkbox"/> above defendant(s) is (are) not serving in the military and at present live(s) or work(s) at the above address.		
	<input type="checkbox"/> above defendant(s) is (are) serving in the military  SIGNATURE OF PLAINTIFF		
NOTICE OF TRIAL	<b>NOTICE TO DEFENDANT:</b> You are being sued in Small Claims Court by the above named plaintiff. You are directed to appear for trial of this claim on the date and time noted to the right. If you wish to settle this claim before the trial date, you should contact the plaintiff or the plaintiff's attorney.  <b>SEE ADDITIONAL INSTRUCTIONS ON THE BACK OF THIS FORM</b>		NAME AND ADDRESS OF COURT Boston Municipal Court Small Claims Department 90 Devonshire St. Boston, Ma. 02109  DATE AND TIME OF TRIAL <b>1-8-04</b> AT <b>2:00 P.M.</b> DATE TIME
	FIRST JUSTICE <b>CHARLES JOHNSON</b>		CLERK-MAGISTRATE OR DESIGNEE <b>KEVIN F. CALLAHAN, ASST.</b>
<b>INSTRUCTIONS FOR FILING A SMALL CLAIM</b> — You must complete Parts 1-6 of this form. See instructions on reverse. ATENCION: ESTE ES UN AVISO OFICIAL DE LA CORTE. SI USTED NO SABE LEER INGLÉS, OBTENGA UNA TRADUCCIÓN.			BOTH THE PLAINTIFF AND THE DEFENDANT MUST APPEAR AT THIS COURT ON THE DATE AND TIME SPECIFIED  <b>COURT USE ONLY</b>

10/21/03  
DATE

ROOM NO. COURTROOM # 17

COMMONWEALTH OF MASSACHUSETTS  
TRIAL COURT OF THE COMMONWEALTH - BOSTON MUNICIPAL COURT  
SMALL CLAIMS DIVISION

Suffolk, ss

S.C.# 03 SC 7531

**AGREEMENT FOR JUDGMENT**

Norfolk Financial Corp PLAINTIFF

Linda M. Flint DEFENDANT

It is hereby agreed that the following entry may be made in the above entitled action:

Judgment for Norfolk Financial Corp

\_\_\_\_\_ in the sum of

1,664.70 dollars, with 40 costs, and further entry of

judgment satisfied.. The defendant Linda M. Flint agrees to pay the plaintiff

\$ \_\_\_\_\_ a month/week/every 2 weeks/other \_\_\_\_\_ beginning \_\_\_\_\_

\$1,080.99 on or before March 1, 2004

ALL PARTIES WAIVE NOTICE UNDER RULE 77.

to settle in full

[Signature]  
SIGNED

Brian J. Swanson  
Please Print Atty for Plff

\_\_\_\_\_  
Address

[Signature]  
SIGNED

Linda Flint  
Please Print Atty for Deft

18 MT Everett St #1  
Address

Dor, MA 02125

DATED: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete it if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Linda M. Flint*

SC-7531

1-8-04

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No



3. Service Type

- ☐ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article

7003 1010 0004 8616 1264

(Transfer from envelope)